



## Medical PA Criteria Proposal – v. 2

Medical Procedure Class:	<b>DME Nebulizer E0570 – Small Volume</b>
Date:	<b>July 10, 2007</b>
Prepared for:	Missouri Medicaid
Prepared by:	ACS-Heritage Information Systems, Inc.

☒ **New Criteria**

☐ **Revision of Existing Criteria**

### Executive Summary

<b>Purpose:</b>	To allow a more consistent, streamlined process for nebulizer authorization.	
<b>Why was this Issue Selected:</b>	Medicaid coverage of nebulizers was eliminated from the DME Program for certain groups of Medicaid recipients effective 9/1/05 due to legislation contained in SB539. Requests for nebulizers for those affected by this elimination are currently handled through the Exceptions Process. The resulting increased volume of Exception requests strains limited staffing. The criteria applied through both the Exceptions Process and the DME Program are specific to diagnosis and condition.	
<b>Procedures subject to Pre-Certification</b>	E0570 – Nebulizer, with compressor.	
<b>Setting &amp; Population:</b>	All Medicaid fee-for-service patients	
<b>Type of Criteria:</b>	<input type="checkbox"/> <b>Increased risk of ADE</b> <input type="checkbox"/> <b>Appropriate Indications</b>	<input checked="" type="checkbox"/> <b>Non-Preferred Agent</b> <input type="checkbox"/>
<b>Data Sources:</b>	<input type="checkbox"/> <b>Only administrative databases</b>	<input checked="" type="checkbox"/> <b>Databases + Prescriber-supplied</b>

### Setting & Population

- Procedure Group for review: Nebulizer E0570
- Age range: All patients

## Approval Criteria

Condition	Submitted ICD-9 Diagnoses	Date Range
Obstructive pulmonary disease	491.0 – 508.9	24 months
Cystic Fibrosis	277.02	24 months
Bronchiectasis	494.0, 494.1, 748.61, 011.50 – 011.56	24 months
HIV, Pneumocystosis OR Complications of organ transplants	042, 136.3, 996.80 – 996.89	24 months
Persistent thick tenacious pulmonary secretions	480 – 508.9, 786.4	24 months
Croup	464.4, 464.40	Past 24 months
RSV	079.6, 079.60	Past 24 months
Acute Bronchiolitis	466.11, 466.19	Past 24 months

## Denial Criteria

- Purchase of a nebulizer within the past 36 months.
- Absence of a diagnosis or condition required in the approval criteria.

## References

- 1) Dolovich MB, Ahrens RC, Hess DR, et al. Device Selection and Outcomes of Aerosol Therapy: Evidence-Based Guidelines. Chest 2005; 127:335-371.
- 2) Carveth HJ, Kanner RE. Optimizing Deposition of Aerosolized Drug in the Lung: A Review. Medscape General Medicine 1999; 1: 1-11.
- 3) O'Donohue WJ, National Association for Medical Direction of Respiratory Care Consensus Group. Guidelines for the Use of Nebulizers in the Home and at Domiciliary Sites. Chest 1996; 109:814-820.